

ROLLER SKATING – YOUTH DROP-IN ACTIVITY

AGREEMENT, WAIVER & RELEASE – CALENDAR

Current for the Calendar Year of January 2009-December 2009

LISTING OF ACTIVITIES

Applies only to Roller Skating activities sponsored by the Eureka Recreation Division at the Municipal Auditorium. Activities may include but are not limited to roller skating/blading and playing games on roller skates/blades such as limbo, red light/green light, four-corners and the hokey-pokey.

PLEASE READ CAREFULLY

(The City does not carry medical insurance for any program/class/activity)

In consideration for permitting my child by the above City to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may accrue as a result of my child's participation in said activity. This release is intended to discharge in advance the above City (its officers, employees, volunteers, and agents) from and against all liability arising out of or connected in any way with my child's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, volunteers and agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to let my child participate in said activity and I hereby agree to assume and all risks of injury or death and to release and hold harmless the above City (its officers, employees, volunteers, and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost or expense which they may occur as a result of any injury and/or property damage that my child may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WIAVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL.

PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SEX: _____ DATE OF BIRTH: _____ AGE: _____ NIGHT PHONE: _____ CELL: _____

IN CASE OF EMERGENCY

1. NAME: _____ NIGHT PHONE: _____ CELL: _____ RELATIONSHIP: _____

2. NAME: _____ NIGHT PHONE: _____ CELL: _____ RELATIONSHIP: _____

FAMILY PHYSICIAN

NAME: _____ PHONE: _____ ADDRESS: _____

MEDICAL HISTORY *(List any allergies to drugs, fractures, operations, medications or conditions currently affecting health)*

EMERGENCY MEDICAL RELEASE: Permission is granted for emergency medical treatment if necessary

LATE POLICY: Please make every effort to pick your child up on time. You jeopardize your child's privilege to attend Roller Skating by not picking him/her up at the designated closing time (8:30 PM). If you are late, you will be billed for two staff that are required to stay with your child. The fee is \$10 per hour per staff person. You will be given a LATE PAYMENT FORM and all fees must be paid in full at the Municipal Auditorium prior to your child attending the next day/week (no exceptions). 1-30 minutes late-\$10/child 31-60 minutes late-\$20/child 61-90 minutes late-\$30/child 91-120 minutes late-\$40/child

PHOTOGRAPHY POLICY: I give permission to the staff and/or the local news media to photograph my child during the course of the skate program. These pictures could be published in the local media and would only be used for non-commercial purposes.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

WE RESERVE THE RIGHT TO DISMISS ANY CHILD WHO DOES NOT COOPERATE WITH THE PROGRAM LEADERS AND/OR RULES